The text below is reprinted from a website that is updated daily and that Americans can access for Avian Flu and other travel related concerns: www.cdc.gov/travel/other/avian_flu_ig_americans_abroad_032405.htm

INTERIM GUIDANCE ABOUT AVIAN INFLUENZA A (H5N1) FOR U.S. CITIZENS LIVING ABROAD

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Background

Avian influenza A (H5N1) is a viral infection that usually affects wild birds but can infect and cause serious disease among poultry, such as chickens. While it is unusual for humans to get avian influenza virus infections directly from poultry or wild birds, a number of human infections and outbreaks caused by certain avian influenza A viruses have been documented since 1997. See http://www.cdc.gov/flu/avian/outbreaks/asia.htm.

Most cases of avian influenza A (H5N1) virus infection in humans are thought to have occurred from direct contact with infected poultry in the affected countries in Asia. Therefore, care should be taken to avoid contact, when feasible, with live, well-appearing, sick, or dead poultry and any surfaces that may have been contaminated by poultry, or their feces or secretions. Transmission of H5N1 viruses to two persons through consumption of uncooked duck blood may also have occurred in Vietnam in 2005.

Therefore, consumption of uncooked poultry or poultry products, including blood, should be avoided.

However, a few cases of person-to-person spread of H5N1 viruses are thought to have occurred. For example, one instance of probable person-to-person transmission associated with close contact between an ill child and her mother is thought to have occurred in Thailand in September 2004. More recently, possible person-to-person transmission of H5N1 viruses is being investigated in several clusters of human cases in Vietnam. So far, spread of H5N1 virus from one ill person to another has been very rare, and transmission has not continued any further beyond one person.

H5N1 infections in humans can cause serious disease and death. An inactivated vaccine to protect humans against influenza A (H5N1) is undergoing human clinical trials in the United States, but no human H5N1 vaccine is currently available. The H5N1 viruses currently infecting birds and some humans in

Asia are resistant to amantadine and rimantadine, two antiviral medications commonly used for influenza. The H5N1 viruses are susceptible in a laboratory setting to the antiviral medications, oseltamavir and zanamavir, although the effectiveness of these drugs when used for treatment of H5N1 virus infection is unknown. For more information about influenza antiviral drugs, see http://www.cdc.gov/flu/avian/outbreaks/asia.htm.

Situation Update

As of September 22, 2005, 115 human cases of avian influenza A (H5N1) have been reported since January 2004: 91 in Vietnam, 17 in Thailand, 4 in Cambodia, and 3 in Indonesia, resulting in 59 deaths. For more information about H5N1 infections in humans and the cumulative number of cases, visit the WHO website (http://www.who.int/csr/disease/avian_influenza/en/).

Outbreaks of H5N1 among poultry have also been confirmed in Cambodia, China, Thailand, Vietnam, Russia, and Kazakhstan during 2005 and in Malaysia and Laos during 2004.

On August 3, 2005, the U.S. Department of State issued a statement on its decision to provide the drug oseltamavir (Tamiflu) at its Embassies and Consulates for eligible U.S. Government employees and their families serving in the Southeast Asian Region. For more information about this policy, see http://travel.state.gov/travel/tips/health/health_1181.html. Other Americans living in affected areas or planning long-term travel to these areas may wish to discuss antiviral medication with their health-care providers.

CDC Recommendations

Surveillance & Travel: The Centers for Disease Control and Prevention (CDC) continues to recommend surveillance, diagnostic evaluation and infection control for suspected H5N1 cases in travelers to the U.S. that were detailed in a health update on February 4, 2005 (http://www.cdc.gov/flu/avian/professional/

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han020405.htm). CDC remains in communication with WHO and continues to closely monitor the H5N1 situation in Asia. Situational updates can be found on CDC's avian influenza (http://www.cdc.gov/flu/avian/index.htm) and Travelers' Health websites (http://www.cdc.gov/travel). Information also is available on the WHO website (http://www.who.int/en/).

To reduce the risk of infection, Americans living in areas where outbreaks of H5N1 among poultry or human H5N1 cases have been reported should observe the following measures to help avoid illness:

Precautions: The following recommendations are directed to U.S. embassies, their personnel, and U.S. citizens living abroad in areas where avian influenza A (H5N1) outbreaks among poultry or human H5N1 cases have been reported. These recommendations may be revised as more information becomes available. Embassies should recommend the following precautions to U.S. expatriates living in an area with avian influenza:

- To minimize the possibility of infection, observe precautions to safeguard your health. Specifically, travelers should avoid all contact with poultry (e.g., chickens, ducks, geese, pigeons, quail) or any wild birds, and avoid settings where H5N1-infected poultry may be present, such as commercial or backyard poultry farms and live poultry markets. Do not eat uncooked or undercooked poultry or poultry products, including dishes made with uncooked poultry blood.
- As with other infectious illnesses, one of the most important preventive practices is careful and frequent handwashing. Cleaning your hands often, using either soap and water (or waterless, alcohol-based hand rubs when soap is not available and hands are not visibly soiled), removes potentially infectious materials from your skin and helps prevent disease transmission.
- CDC does not recommend the routine use of masks or other personal protective equipment while in public areas.

When preparing food:

- Separate raw meat from cooked or ready-to-eat foods. Do not use the same chopping board or the same knife for preparing raw meat and cooked or ready-to-eat foods.
- Do not handle either raw or cooked foods with-

- out washing your hands in between.
- Do not place cooked meat back on the same plate or surface it was on before it was cooked.
- All foods from poultry, including eggs and poultry blood, should be cooked thoroughly. Egg yolks should not be runny or liquid. Because influenza viruses are destroyed by heat, the cooking temperature for poultry meat should reach 70°C (158° F).
- Wash egg shells in soapy water before handling and cooking, and wash your hands afterwards.
- Do not use raw or soft-boiled eggs in foods that will not be cooked.
- After handling raw poultry or eggs, wash your hands and all surfaces and utensils thoroughly with soap and water.

If you believe you might have been exposed to avian influenza, take the following precautions:

- Monitor your health for 10 days.
- If you become ill with fever and develop a cough or difficulty breathing, or if you develop any illness during this 10-day period, consult a health-care provider. Before you visit a health-care setting, tell the provider the following: 1) your symptoms 2) if you have had direct poultry contact, and 3) where you traveled. The U.S. embassy or consulate also can provide names and addresses of local physicians.
- Do not travel while sick, and limit contact with others as much as possible to help prevent the spread of any infectious illness.

For more information about avian influenza, see http://www.cdc.gov/flu/avian/index.htm and http://www.who.int/csr/disease/avian_influenza/en/.

For information about safety and security for Americans living abroad, see http://travel.state.gov/.

For further relevant info, see the following:
www.fema.gov - the Homeland Security site
www.AlwaysBePrepared.com - emergency preparedness and kits

www.ready.gov